

REQUEST FOR CONFIDENTIAL AGGREGATE EMS OR TRAUMA DATA

**Health & Safety Data Services
Health Facilities & Emergency Medical Services Division
Colorado Department of Public Health and Environment**

**HFEMSD-C2
4300 Cherry Creek Drive South
Denver, CO 80246-1530**

**Phone: 303-692-2851
Fax: 303-753-6214
Scott.Beckley@state.co.us**

Date:

Requestor Name:

Title:

Agency/Institution/Organization:

Address:

City, State, ZIP Code:

Email:

Phone:

If you are a student, provide Supervisor/Advisor Name:

Title:

Agency/Institution/Organization:

Address:

City, State, ZIP Code:

Email:

Phone:

Dataset: ☐ Emergency Medical Services (EMS)
☐ Trauma Registry (TR)

Please provide a brief summary (a few sentences) of the following items:

Information requested:

How will the data be used?

Desired completion date: _____

Data format: ☐ Printed/hard copy ☐ MS Access ☐ Excel
☐ SAS ☐ Other _____

Method of delivery: ☐ Mail (on CD/DVD) ☐ Fax
☐ Email ☐ Pickup (on CD/DVD, portable media)